PART B - FEE(S) TRANSMITTAL

FIRST NAMED INVENTOR

WASHINGTON OFFICE

CUSTOMER NUMBER

APPLICATION NO.



FILING DATE

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037

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CONFIRMATION NO.

ATTORNEY DOCKET NO.

APPLN. TYPE SMALL ISSUE FEE PUBLICATION PREV. PAID ISSUE FEE DUE nonprovisional NO \$1440.00 \$300.00 \$0.00 \$1,740.00 \$607/2008 EXAMINER ART UNIT CLASS-SUBCLASS John J. LEE 2618 455-561000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 2. For printing on the patent front page list attemption of provide patent attemption of the patent floral page list attemption of provide patent attemption of the patent floral page list attemption of provide patent attemption of the patent floral page list attemption of provide patent attemption of the patent floral page list attemption of provide patent attemption of the patent floral page list attemption of provide patent patent provide patent	10/727,594	12/05	5/2003	Marc EDIMO)	Q785	66	7498
RATIUTY REE DUE	TITLE OF INVENTIO	ON: FIXED TRANSM	MITTING STATION W	ITH ELECTRON	MAGNETIC FIELI	PROBE		
EXAMINER 2618 455-561000	APPLN. TYPE		ISSUE FEE		ON PREV. PA	ID ISSUE FEE		DATE DUE
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Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev of 3-02 or more recent) ATTACHED. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 1.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ALCATEL Please check the appropriate assignce category or categories (will not be printed on the patent): □ Individual ☑ Corporation or other private group entity □ Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) □ Issue Fee □ A check is enclosed. □ The UISPTO is directed and authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account No. 19.4880. Please also credit any overpayments to be authorized to charge all required fees to Deposit Account No. 19.4880. Please also credit any overpayments to said Deposit Account No. 19.4880. Please also credit any overpayments to said Deposit Account No. 19.4880. Please also credit any overpayments to said Deposit Account No. 19.4880. Please also credit any overpayments to said Deposit Account No. 19.4880. Please also credit any overpayments to said Deposit Account No. 19.4880. Please also credit any overpayments to said Deposit Account No. 19.4880. Please also credit any overpayments to said Deposit Account No. 19.4880. Please also credit any overpayments to said Deposit Account No. 19.4880. Please also credit any overpayments to said Deposit Account No. 19.4880. Please also credit any overpayme		EXAMINER		ART UNI	CLASS-	SUBCLASS		
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PART B - FEE(S) TRANSMITTAL

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washington office 23373 customer number



SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037

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APPLICATION 1	NO. FILIN	G DATE F	IRST NAMED IN	VENTOR	ATTORNEY D	OCKET NO.	CONFIRMATION NO.					
10/727,594 12/05/2003		Marc EDIM	0	Q78566		7498						
TITLE OF INVENTION: FIXED TRANSMITTING STATION WITH ELECTROMAGNETIC FIELD PROBE												
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICAT FEE	ION PREV.	PAID ISSUE FEE	TOTAL FEE(DUE	(S) DATE DUE					
nonprovisional	NO	\$1440.00	\$300.00)	\$0.00	\$1,740.00	06/07/2008					
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	John J. LEE		2618	4	55-561000							
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☐ Advance Order - # o	☐ Advance Order - # of Copies ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or cred overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).											
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Authorized Signature		04/0	1	Date		June 3, 20	08					
Typed or Printed Name	e 1	David J. Cushing		Registration No	o.	28,703						